## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000027259 (9)

S.P.R. HOMES CORPORATION

Principal	Place of Business	Mailing Address		i laanget nie leies rijtt deint gent gent seits litti febit istat sine leit lett
1318 LAFAYETTE ST CAPE CORAL FL 33904		1318 LAFAYETTE ST CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
				04/12/1993
2. Princip	pat Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0402774 Not Applica
Suite,	Apt #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired S8.75 Additional Fee Required
City &	State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp 24	Cauntry	Zip 3	Country 10	try 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
HILL, THOMAS W 1318 LAFAYETTE ST			81	Name
			82	Street Address (P.O. Box Number is Not Acceptable)
	CAPE CORAL FL 33904		83	33
			64	City FL 85 Zip Code
office	uant to the provisions of Sections 607.0 o or registered agent, or both, in the St it Lam familiar with, and accept the ob-	ale of Florida. Such change was aut	thorized b	ove-named corporation submits this statement for the purpose of changing its register by the corporation's board of directors. I hereby accept the appointment as registered tes.
SIGNATU	JRE Signature typed or printed name of registered	age of resultation traps to able (NOTE F	Registered Ag	Agent signature required when rein stahrig) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	n	DELETE	THUE	

HILL, THOMAS W NAME 1.2 NAME 1318 LAFAYETTE ST STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHTY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition THILE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-2IP 44 CITY - ST - ZIP DELFTE \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: / Stomes W HILL

Thomas N. Hik

4-22-98

(941) 549-2444

**FILED** 

Apr 30 1998 8:00am

Secretary of State

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